

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101576452

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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39						
40						
41						
42						
43						
44						
45						
46						
47	1					
48		1				
49			1			
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52				1		
53			1			
54			1			
55			1			
56			1			
57		1				
58			1			
59		1				
60			1			
61			1			
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83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			3			
92			1			
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.			45			
TOTAL CLAIMS			49			

BEST AVAILABLE COPY